



COUNTY OF LOS ANGELES

**Public Health**

**JONATHAN E. FIELDING, M.D., M.P.H.**  
Acting Director and Health Officer

**JOHN SCHUNHOFF, Ph.D.**  
Acting Chief Deputy

313 North Figueroa Street, Room 909  
Los Angeles, California 90012  
TEL (213) 240-8117 • FAX (213) 975-1273

[www.lapublichealth.org](http://www.lapublichealth.org)



**BOARD OF SUPERVISORS**

**Gloria Molina**  
First District

**Yvonne B. Burke**  
Second District

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Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

August 29, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**HIV EPIDEMIOLOGY PROGRAM COOPERATIVE AGREEMENT  
NO. U62 PS000269-01 FOR THE ENHANCED HIV/AIDS SURVEILLANCE  
PERINATAL PREVENTION PROJECT  
(All Districts) (3 Votes)**

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Acting Director of Public Health, or his designee, to accept the attached Notice of Grant Award (NGA) No. U62 PS000269-01, (Exhibit I) from the Federal Centers for Disease Control and Prevention (CDC), for the period effective upon the date of Board approval through December 31, 2006, to support the Enhanced HIV/AIDS Surveillance for Perinatal Prevention project, in the amount of \$66,631, at no County cost.
2. Delegate authority to the Acting Director of Public Health, or his designee, to accept subsequent NGAs, similar to NGA No. U62 PS000269-01, in an amount not to exceed \$100,000 for calendar years (CY) 2007 and 2008, contingent upon the availability of CDC funds and subject to review and approval by County Counsel, the Chief Administrative Office, and notification of Board offices.
3. Delegate authority to the Acting Director of Public Health, or his designee, to accept amendments to NGAs from the CDC, which do not individually exceed 25% of the total amount of the NGA for the period effective upon the date of Board approval through December 31, 2008, and which do not materially alter the terms and conditions set forth under NGA No. U62 PS000269-01, subject to review and approval by County Counsel, the Chief Administrative Office, and notification of Board offices.

PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS:

Board approval of the recommended actions will authorize the acceptance of grant funds from the CDC to support the Enhanced HIV/AIDS Surveillance for Perinatal Prevention project. The HIV Epidemiology Program has been collecting continuous surveillance data on all infants identified as born to HIV-infected women in Los Angeles County since 1999. Approval of the recommended actions will allow for the continuation of federally funded HIV/AIDS Surveillance services countywide.

FISCAL IMPACT/FINANCING:

The total program cost for the period effective upon the date of Board approval through December 31, 2006 is \$66,631, fully offset by grant funds as detailed in Exhibit II. There are no net County costs.

Funding for this program is included in the Fiscal Year 2006-07 Adopted Budget and will be requested in future fiscal years, as needed.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

Since February 1983, the Department of Public Health (DPH or Department) has accepted financial assistance from the CDC to support HIV/AIDS Surveillance and Seroprevalence programs.

On December 17, 2002 the HIV Epidemiology Program was awarded funding to support supplemental HIV/AIDS surveillance projects and various subcontractors to conduct HIV/AIDS studies and to provide personnel support services.

On subsequent occasions, the Board has accepted additional funding from the CDC for the continuation of these projects.

On May 15, 2006 the Department received NGA No. U62 PS000269-01 from the CDC in the amount of \$66,631 for the period effective date of Board approval through December 31, 2006 to support the Enhanced HIV/AIDS Surveillance for Perinatal Prevention project.

County Counsel has approved Exhibit I as to form.

Attachments A and B provide additional information

CONTRACTING PROCESS:

Not applicable to this action.

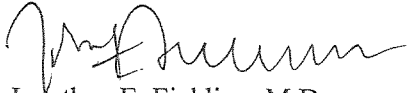
IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the recommended actions will assist the Department in the continuation of HIV/AIDS surveillance activities countywide.

The Honorable Board of Supervisors  
August 29, 2006  
Page 3

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,



✓ Jonathan E. Fielding, M.D.  
Acting Director and Health Officer

JEF:kh  
BLETCD4090.KH

Attachments(4)

c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Auditor-Controller

## **SUMMARY OF AGREEMENTS**

### 1. **TYPE OF SERVICES:**

Enhanced HIV/AIDS Surveillance for Perinatal Prevention services. The program will focus on collecting surveillance data on all infants identified as born to HIV-infected women in Los Angeles County.

### 2. **AGENCY ADDRESSES, CONTACT PERSONS:**

#### **Business and Grant Policy Contact:**

Centers for Disease Control and Prevention  
Acquisition and Assistance Branch 1  
Procurement and Grants Officer  
2920 Brandywine Road, Mail Stop E-15  
Atlanta, GA 30341-4146

Attention: Angie N. Tuttle, Grants Management Specialist  
Telephone: 404.639.8305 Facsimile: 404.639.8095  
e-mail address: [AEN@cdc.gov](mailto:AEN@cdc.gov)

#### **Programmatic and Technical Contact:**

Don Mixon, Project Officer  
Centers for Disease Control and Prevention  
Division of HIV/AIDS Prevention  
8 Corporate Boulevard, Mail Stop E-47  
Atlanta, GA 30329  
Telephone: 404.639.4108 Facsimile: 404.639.2980  
e-mail address: [DXM4@cdc.gov](mailto:DXM4@cdc.gov)

### 3. **TERM OF GRANT AWARD:**

Effective upon the date of Board approval through December 31, 2006.  
Budget Period: May 1, 2006 through December 31, 2006  
Project Period: May 1, 2006 through December 28, 2008

### 4. **FINANCIAL INFORMATION:**

The total program cost for the period effective upon the date of Board approval through December 31, 2006 is \$66,631, fully offset by grant funds as detailed in Exhibit II. There are no net County costs.

Funding for this program is included in the Fiscal Year 2006-07 Adopted Budget and will be requested in future fiscal years, as needed.

5. PRIMARY GEOGRAPHIC AREAS TO BE SERVED:

Countywide

6. DESIGNATED ACCOUNTABLE FOR PROJECT MONITORING:

Douglas Frye, M.D., Director, HIV Epidemiology Program

7. APPROVALS:

Department of Public Health: John F. Schunhoff, Ph.D., Acting Chief Deputy

Contracts and Grants Division: Gary Izumi, Chief

County Counsel (approval as to form): Allison Morse, Deputy County Counsel

BLETCD4090:KH

**Los Angeles County Chief Administrative Office  
Grant Management Statement for Grants Exceeding \$100,000**

Department: Health Services - HIV Epidemiology Program

Grant Project Title and Description

ENHANCED HIV/AIDS SURVEILLANCE FOR PERINATAL PREVENTION

Funding Agency	Program (Fed. Grant #/State Bill or Code #)	Grant Acceptance
Federal CDC	Notice of Grant Award No. U62PS000269-01	ASAP

Total Amount of Grant	\$66,631	County Match Requirements	N/A
Grant Period: 8 months	Begin	Board Approval Date	End Date: 12/31/06
Number of Personnel Hired -Grant	0	Full	0 Part Time 0

**Obligations Imposed on the County When the Grant Expires**

Will all personnel hired for this program be informed this is a grant funded program? Yes ☒ No ☐

Will all personnel hired for this program be placed on temporary ("N") items? Yes ☒ No ☐

Is the County obligated to continue this program after the grant expires Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services Yes ☐ No ☒

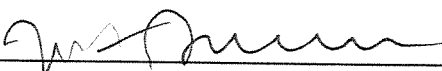
b). Identify other revenue sources Yes ☒ No ☐  
Describe \_\_\_\_\_

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant. Yes ☒ No ☐

Impact of additional personnel on existing space: None -

Other requirements not mentioned above: None

Department Head



Date 8-16-06

## \*\*\*\*\* NOTICE OF GRANT AWARD \*\*\*\*\*

Issue Date: 05/10/2006

Department of Health and Human Services  
Centers for Disease Control and Prevention  
NATIONAL CENTER FOR HIV, STD, AND TB PREVENTION, CDC

Grant Number: 1 U62 P5000269-01

Principal Investigator: FRYE, DOUGLAS M MD

Project Title: Enhanced HIV/AIDS Surveillance for Perinatal Prevention

DIRECTOR, HIV EPIDEMIOLOGY PROGRAM  
LOS ANGELES COUNTY-HIV EPIDEMIOLOGY  
600 S. COMMONWEALTH AVENUE, SUITE 1920  
LOS ANGELES, CA 90005  
UNITED STATES

Budget Period: 05/01/2006 - 12/31/2006

Project Period: 05/01/2006 - 12/31/2008

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$66,631 (see 'Award Calculation' in Section I) to LOS ANGELES COUNTY HEALTH SERVICES DEPT in support of the above referenced project. This award is pursuant to the authority of and is subject to terms and conditions referenced below.

Acceptance of this award including the Terms and Conditions is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Award recipients are responsible for reporting inventions derived or reduced to practice in the performance of work under this grant. Rights to inventions vest with the grantee organization provided certain requirements are met and there is acknowledgement of CDC support. In addition, recipients must ensure that patent and license activities are consistent with their responsibility to make unique research resources developed under this award available to the scientific community, in accordance with CDC policy. For additional information, please visit <http://www.ledison.gov>.

If you have any questions about this award, please contact the individual(s) referenced in the information below.

Sincerely yours,

  
Angie Tuttle  
Grants Management Officer  
Centers for Disease Control and Prevention

See additional information below

RECEIVED  
MAY 15 2006  
HIV EPIDEMIOLOGY

SECTION I - AWARD DATA - 1 U62 PS000269-01

AWARD CALCULATION (U.S. Dollars):

Salaries and Wages	\$11,632
Fringe Benefits	\$5,094
Supplies	\$650
Travel Costs	\$800
Other Costs	\$4,356
Consortium/Contractual Cost	\$41,404
Federal Direct Costs	\$63,936
Federal F&A Costs	\$2,695
APPROVED BUDGET	\$66,631
TOTAL FEDERAL AWARD AMOUNT	\$66,631

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project, is as follows.

02 \$87,906  
03 \$87,906

FISCAL INFORMATION:

CPDA Number: 93.944

EIN: 1956000937A1

Document Number: UPS000269A

IC/ CAN	/	FY2006	/	FY2007	/	FY2008
PS/9212047	/	66,631	/	87,906	/	87,906

ADMINISTRATIVE DATA:

PCC: / OC: 41.4L / Processed: NATIONA 060510 0512

SECTION II - PAYMENT/HOTLINE INFORMATION - 1 U62 PS000269-01

For payment information see Payment Information section in Additional Terms and Conditions.

To report fraud, waste or abuse see Inspector General section in Additional Terms and Conditions.

SECTION III - TERMS AND CONDITIONS - 1 U62 PS000269-01

This award is based on the application submitted to, and as approved by, the CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Grant Award.
- The restrictions on the expenditure of federal funds in appropriations acts, to the extent those restrictions are pertinent to the award.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The PHS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.



Treatment of Program Income:  
Additional Costs

Funding Opportunity Number (FON): PS06-607  
Award Number: U62/PS000269-01  
Approval List Number: C0009N06

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

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Note 1a: BUDGET AND PROJECT PERIOD: Funding Opportunity Announcement PS06-607 indicated a project period of three years and an initial budget period of 12 months. However, the budget period and project period have changed. The initial budget period is 8 months, and the timeframe will be May 1, 2006, through December 31, 2006. The remaining budget periods will be for 12 months and will begin on January 1. The Year 02 budget period will be from January 1, 2007, through December 31, 2007. The Year 03 budget period will be from January 1, 2008, through December 31, 2008. Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government.

Note 1b. INCORPORATION: Funding Opportunity Announcement Number PS06-607 entitled, E Enhanced Surveillance for Prenatal Prevention<sup>K</sup>, as amended; additional requirements; the application dated February 10, 2006; and telephone budget discussions dated April 5, 2006, between Los Angeles County and the Centers for Disease Control and Prevention (CDC), are made a part of this award by reference.

Note 2. INDIRECT COSTS: Indirect costs are approved based on the provisional Indirect Cost Rate Agreement dated April 15, 2005, which calculates indirect costs at 23.1726% of Total Direct Salaries.

Note 3. RESPONSE TO THE SUMMARY STATEMENT / TECHNICAL REVIEW: Attached to this Notice of Award is a Technical Review of your application. A response to any weaknesses or recommendations must be submitted to the Grants Management Specialist no later than June 1, 2006. This date supercedes any date that is included in the Summary Statement / Technical Review. Failure to satisfactorily respond to the technical review may result in an enforcement action. The response will be approved in writing by the Grants Management Officer.

Note 4. PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative--Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the PSR (Long Form).

Note 5. REPORTING REQUIREMENTS:

a) Final Financial Status Report (FSR, SF 269 or SF 269A);

The annual Financial Status Report (FSR) is required and must be submitted 90 days after

the end of each budget period. The first year FSR is due to the Grants Management Specialist on March 30, 2007. The Reporting period is May 1, 2006, through December 31, 2006. The FSR should be submitted by your business office on Standard Form 269 and should include only those funds authorized and actually expended during the timeframe covered by the report. Any FSR submitted on a cumulative basis will be returned. If at all possible, do not handwrite forms. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: <http://www.whitehouse.gov/omb/grants/sf269a.pdf>.

b) Annual Progress Reporting:

I. The interim progress report will serve as your non-competing continuation application. A specific due date and guidance will be provided by the Grants Management Specialist at a later time.

Reporting timeframe is January 1, 2007 through August 31, 2007. The report must contain the following:

- \* Status/Progress of Current Budget Period Goals and Objectives
- \* Also include key organizational changes, key staff changes, and an implementation plan for each intervention.
- \* Current Budget Period Financial Progress and amount of estimated unobligated balances
- \* New Budget Period Program Proposed Activity Objectives and timelines
- \* Ensure Objectives are specific, measurable, appropriate, realistic, and time-phased.
- \* Measures of Effectiveness.
- \* Additional requested information.
- \* Detailed Line-Item Budget and Justification.
- \* Use the SF424 forms: [http://www.whitehouse.gov/omb/grants/grants\\_forms.html](http://www.whitehouse.gov/omb/grants/grants_forms.html)

For the Budget details and justification follow the Budget Guidelines at:  
<http://www.cdc.gov/od/pgo/funding/grantmain.htm>

II. The annual progress report will be due 90 days after the end of the budget period, December 31, 2007, and should include the following elements. The period covering in the report is May 1, 2006, through December 31, 2006 for the first year.

- a) Detailed description of how each project goal was accomplished or reasons why it was not. Project goals are those that the awardee presented in the original application and those itemized in the RFA, such as:
  1. Translating the intervention protocol into everyday language with help from a community advisory board.
  2. Drafting an intervention protocol manual, training curricula for agency staff, TA manual and marketing materials.
  3. Creating a strategy for publicizing the intervention package, including criteria and process for selecting case study agencies to implement the intervention in Year Two of the project.
  4. Developing a plan to help implement the intervention, including training, TA, and procedures for collecting process data.
  5. Establishing a plan to evaluate the implementation of the intervention using the package (i.e., cross-site and site-specific process measures and costs).
- b) Results of the replication process evaluation and conclusions:
  1. Analysis of all process measures (not summaries) and conclusions.
  2. Analysis of costs data, including unit price of the package and itemized and total

costs to deliver the intervention.

3. Evaluation of the criteria used to select case study agencies (e.g., the criteria that appear to be essential for an agency's successful replication).
4. Report on the stage of technology transfer (pre-implementation, implementation, maintenance) reached by the case study agencies at the end of the project period.
5. Description of agency feedback and process evaluation results that were incorporated into the refined final package, curricula, and TA guide.
6. Recommendations for tailoring the intervention for agency types and populations other than those for which the intervention was designed.
7. Lessons learned that can inform the translation and dissemination of future REP-packaged interventions.

c) Six copies of the cleared intervention materials (hard copies and electronic) at the end of the last budget period.

III. The final progress report is required no later than 90 days after the end of the project period. All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

PLEASE NOTE: WE ARE NO LONGER ABLE TO RECEIVE PROGRESS REPORTS ELECTRONICALLY AT THIS TIME. An original plus two copies of the progress report must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

Note 6. HIV PROGRAM REVIEW PANEL REQUIREMENT: All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials have to be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist.

Note 7. CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER as shown at the top right of this page, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below:

Angie N. Tuttle, Grants Management Specialist  
Centers for Disease Control and Prevention  
Acquisition and Assistance Branch 1  
Procurement and Grants Officer  
2920 Brandywine Road, Mail Stop E-15  
Atlanta, GA 30341-4146

Note 8. PRIOR APPROVAL: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant;

5) Supplemental funds; 6) Response to Technical Review, or 7) Change in Key Personnel.

Note 9. KEY PERSONNEL: In accordance with 45 CFR 92.39, CDC recipients shall obtain prior approval from CDC for (1) Change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator. Key Personnel for this cooperative agreement are identified as follows:

Principal Investigator: Dr. Douglas Frye

Business Official: Dr. Paul Simon

Signatures are required from both the PI and Business individuals listed above when making any prior approval requests.

Note 10. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the Standard patent rights clause in 37 CFR 401.14.

Note 11. PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as:

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 12. CONFERENCE DISCLAIMER AND USE OF LOGOS:

Disclaimer: Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites:

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logos: Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity's unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantees (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 13. EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

Note 14. ACKNOWLEDGMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 15. INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hstips@oig.hhs.gov](mailto:hstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

#### Note 16. PAYMENT INFORMATION

##### Automatic Drawdown:

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward the DHHS Manual for Recipients Financed Under the Payment Management System (PMS), PMS-270 and PMS-272 forms.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows: Division of Payment Management, PMS/PSC/HHS, P.O. Box 6021, Rockville, MD 20852.

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows: Division of Payment Management, PMS/PSC/HHS, Rockwell Building #1, Suite 700, 11400 Rockville Pike, Rockville, MD 20852.

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

Note 17. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. The audit report must be sent to: Federal Audit Clearing House, Bureau of the Census, 1201 East 10th Street, Jacksonville, IN 47132. Should you have questions regarding the

submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: [govs.fac@census.gov](mailto:govs.fac@census.gov)

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)  
ATTN: Audit Resolution, Mail Stop E-14  
2920 Brandywine Road  
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

Note 18: CDC CONTACT NAMES:

Business and Grants Policy Contact

Angie N. Tuttle, Grants Management Specialist  
Centers for Disease Control, PGO, Branch 1  
2920 Brandywine Road, Mail Stop E-15  
Atlanta, GA 30341-4146  
Telephone: (404) 639-8305  
Fax: (404) 639-8095  
Email: [ANM4@cdc.gov](mailto:ANM4@cdc.gov)

Programmatic and Technical Contacts

Don Nixon, Project Officer  
Centers for Disease Control and Prevention  
Division of HIV/AIDS Prevention  
8 Corporate Blvd, Mail Stop E-47  
Atlanta, GA 30329  
Telephone: (404) 639-4108  
Fax: (404) 639-2980  
Email: [DXM4@cdc.gov](mailto:DXM4@cdc.gov)  
  
Angie Tuttle, Grants Specialist  
Phone: (404) 639-8305 Email: [atuttle@cdc.gov](mailto:atuttle@cdc.gov) Fax: (404) 639-8095

SPREADSHEET

GRANT NUMBER: 1 U62 PS000259-01

P.I.: FRYE, DOUGLAS M

INSTITUTION: LOS ANGELES COUNTY HEALTH SERVICES DEPT

	YEAR 01	YEAR 02	YEAR 03
Salaries and Wages	11,632	15,508	15,508
Fringe Benefits	5,094	6,792	6,792
Supplies	650	1,000	1,000
Travel Costs	800		
Other Costs	4,156	5,808	5,808
Consortium/Contractual Cost	41,404	55,204	55,204
TOTAL FEDERAL DC	63,936	84,312	84,312
TOTAL FEDERAL P&A	2,695	3,594	3,594
TOTAL COST	66,631	87,906	87,906

**SUMMARY STATEMENT**  
**HIV/AIDS Surveillance - Program Announcement Number PS06-607**  
**Part IV. Enhanced Surveillance for Perinatal Prevention**

Date of Review: March 1, 2006  
Applicant Name: Los Angeles County Department of Health Service  
Amount Requested: \$66,631.00  
Recommendation: Approved  
Score: 82.0

**BRIEF SUMMARY OF THE APPLICATION:**

LA County (LAC) has been funded since 1999 to perform prevention activities related to perinatal HIV transmission. The County accounts for more than 80% of all HIV-infected children reported for all of CA, and an HIV seroprevalence rate among childbearing women of .07% in 1998.

LAC conducts EPS activities at 8 pediatric HIV-specialty clinics that account for more than 85% of the perinatal HIV exposures in LAC, where local IRB approval has been previously obtained. They plan to submit new IRB applications to add new birthing facilities to the EPS program.

The Los Angeles County Department of Health Services HIV Epidemiology Program (HEP) is requesting funds to identify and follow up on all HIV-infected and exposed children for the 2006, 2007, and 2008 birth cohorts.

Their objectives include:

1. Conduct medical record reviews of all HIV-exposed and infected children.
2. Conduct record reviews of maternal medical records for all HIV-infected pregnant women
3. Routinely review the collection of HIV and CD4 test data in medical records for completeness of reporting
4. Review secondary data sources to ensure completeness and evaluate accuracy of reporting

HEP has been collecting continuous surveillance data on all infants identified as born to HIV-infected women in LAC since 1999. Linkage of mother/pairs and record reviews are conducted to ensure complete case ascertainment. Pairs are identified through: core surveillance reports of women who are pregnant at time of HIV report, notification by facility of diagnosis, review of laboratory tests results, and review of death certificates for children. With the change to name reporting expected in early 2006, HEP plans to compare HIV registry data with birth registries as an additional means to identify mother/infant pairs. Longitudinal follow-up of HIV-exposed infants will be conducted every six months to determine infection status and HIV-related treatment.

**CRITERIA**

**a. Methods:**

**Summary of Strengths:**

- HEP has been collecting surveillance data on infants born to HIV-infected women since 1999 and following these children until their HIV status is known (p.8)
- Staff routinely visit and appear to have strong relationship with all pediatric HIV-specialty clinics in the county (p.8)



proportion of children who receive the prophylaxis.

d. Evaluation:

Summary of Strengths:

- Applicant plans to ensure completeness of reporting through
  - Database matches with laboratories on a monthly basis.
  - Use of HARS and other databases to identify all women known to be pregnant at time of reporting
  - Compare maternal and pediatric chart reviews
  - Re-abstraction of 5% of records at least once a year to assess completeness and accuracy
- Applicant plans to work with other jurisdictions to resolve potential intra and inter-state duplicates
- Applicant states they will complete data abstractions within 6 weeks of child's report to EPS

Summary of Weaknesses:

- Once a year re-abstractions may need to occur more frequently to prevent longer periods of time where incomplete or incorrect data abstractions are occurring.
- Little discussion of timeliness

e. Proposed Data Uses:

Summary of Strengths:

- HEP plans to collaborate with other agencies such as LAC Urban Perinatal HIV/AIDS prevention collaborative to enhance surveillance. Data will be provided to both member agencies and the CDC.
- Collaboration will continue with other related programs such as OAPP and SOA to improve and modify HIV testing and prevention strategies, determine areas of need, areas where urban women are hardest to reach.
- EPS data has been and will be used to identify hospitals, clinics, and other facilities not implementing rapid testing protocols.
- HEP will continue to provide support to the local multiple site AIDS clinical trial group by exchanging information on demographics, risk factors, pediatric AIDS information, and other pertinent information.

Summary of Weaknesses:

- Applicant did not provide extensive plans to use data to develop new strategies and interventions.
- Applicant provided only one graph and a small amount in the narrative, indicating previous use of data from the program.

f. Staffing:

Summary of Strengths:

- The epidemiologist has been working with the LA County HIV/Epidemiology Program for 3 years, and appears to have strong experience.
- The proposed Medical Records Abstractor (MRA) has ten years experience as an HIV/AIDS research nurse and extensive chart review experience.

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES  
HIV EPIDEMIOLOGY PROGRAM  
CDC-PS000269-01: ENHANCED SURVEILLANCE FOR PERINATAL PREVENTION

Effective Date of Board Approval through December 31, 2006

	Annual Salary	Monthly Salary	# of Pos	% of Time	# of Mos	Total Budget
I. PERSONNEL						
Sr. Physician						
Douglas Frye, M.D.*	\$138,228	\$11,519	1	1%	9	1,037
Epidemiologist						
Azita Naghdi	\$70,632	\$5,886	1	20%	9	10,595
				21%		
Total Salaries						11,632
Employee Benefits @ 43.7957%						5,094
Total Personnel						16,726
II. OPERATING EXPENSES						
Office Supplies						650
Travel						800
Space						4,356
Contractual:						
Personnel Services Contract						41,404
Total Operating Expenses						47,210
III. INDIRECT COST @ 23.1726% of total salaries						2,695
IV. TOTAL REQUEST						\$66,631